



VEOLIA ES ARBOR HILLS LANDFILL, INC.

WEN No. 008204

MI 082-090612-11378-505

WASTE CODE

WASTE APPROVAL REQUEST FORM	
<p>Veolia ES Services Inc. (b) (7)(C) Address: 1697 W. SIX MILE Tel: (b) (7)(C) Fax: (313) 449-1804 Date: 6-3-08</p>	<p>Action Requested: <input checked="" type="checkbox"/> New Waste Approval <input type="checkbox"/> Up-Date Approval - Previous Number _____ Disposal Site(s) Requested: Arbor Hills</p>
GENERAL INFORMATION	
a. Generator Name: David Henrichsen Commission Billing Information b. Generating Facility's Address: #401 Woodward Detroit, MI 48226 c. Generating Representative: (b) (7)(C) Title: Director of Development Tel: (313) (b) (7)(C) Fax: (313) 555-3214	
GENERAL WASTE STREAM INFORMATION	
a. Waste Description of the Waste: Run Soil b. Detailed Description of Process Generating the Waste (Include Process Equipment if Necessary): Miscellaneous backfill definitely during demolition of former structures c. Is this waste subject to USEC Corrective Action Regulations under 40 CFR 200? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Waste Properties at 70%: Physical States <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Powder <input type="checkbox"/> Recyclable <input type="checkbox"/> Combustible (Describe): Reactivity <input type="checkbox"/> Water Reactive <input type="checkbox"/> Acid Reactive <input type="checkbox"/> Alkaline Reactive <input type="checkbox"/> Flammable <input type="checkbox"/> Auto-Polymerizable <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Explosive <input type="checkbox"/> Toxicity (Specify) <input type="checkbox"/> Corrosive (Specify) <input type="checkbox"/> None of the Above Flash Point: °F: <input type="checkbox"/> 57.2 <input type="checkbox"/> 73-107 <input type="checkbox"/> 107-139 (40-60) <input type="checkbox"/> 140-240 <input type="checkbox"/> 2201 <input checked="" type="checkbox"/> N/A-Solid (i.e., non-volatile particulate material) pH: <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-14 <input checked="" type="checkbox"/> N/A-Solid (i.e., particulate material) Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong (Describe): Color(s) (Describe): Estimated Volume: <input type="checkbox"/> 100 Cu-Yards <input type="checkbox"/> Tons <input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Meters <input type="checkbox"/> Tonnes (metric) <input type="checkbox"/> Other Per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day <input type="checkbox"/> One Time <input type="checkbox"/> Other	

Geo Reference:

3000 Yards

